

Quick Guide

For Clinicians

Based on TIP 26

Substance Abuse Among Older Adults



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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Based on TIP 26
*Substance Abuse Among
Older Adults*

This Quick Guide is based almost entirely on information contained in TIP 26, published in 1998 and based on information updated through October 1996. No additional research has been conducted to update this topic since publication of the original TIP.

WHY A QUICK GUIDE?

This Quick Guide was developed to accompany Substance Abuse Among Older Adults, Number 26 in the Treatment Improvement Protocol (TIP) Series published by the Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration. This Quick Guide is based entirely on TIP 26 and is designed to meet the needs of the busy clinician for concise, easily accessed "how-to" information.

The Guide is divided into nine sections (see Contents). These sections will help readers quickly locate relevant material.

Terms related to substance abuse among older adults are listed on page 22 in the ***Glossary***. These terms are included to enable clinicians to talk knowledgeably with their clients and clients' medical providers. The ***Resources*** section on page 20 provides information on developments in the field of substance abuse treatment for older adults.

For more information on the topics in this Quick Guide, readers are referred to TIP 26.

WHAT IS A TIP?

The TIP series has been in production since 1991. This series provides the substance abuse treatment and related fields with consensus-based, field-reviewed guidelines on substance abuse treatment topics of vital current interest.

TIP 26, Substance Abuse Among Older Adults

- Addresses concerns of a broad range of readers including clinicians, social workers, medical personnel, mental health workers, program administrators, and policymakers
- Includes extensive research
- Lists numerous resources for further information
- Is a comprehensive reference for clinicians on substance abuse treatment for older adults

See the inside back cover for information on how to order TIPs and other related products.

INTRODUCTION

Facts

- Abuse of alcohol and prescription drugs among adults 60 and older is one of the fastest growing health problems facing this country.
- In the United States, it is estimated that 2.5 million older adults have problems related to alcohol.
- Adults age 65 and older consume more prescribed and over-the-counter medications than any other age group.

Myths

- Treating older adults for substance use disorders is not worthwhile.
- Alcohol or substance abuse problems cannot be successfully treated in older adults.
- Treatment for this population is a waste of health care resources.

These attitudes are not only misguided, but dangerous, and this Quick Guide is designed to provide clinicians with methods for identifying and handling substance abuse in older Americans.

The Problem Now

Problems stemming from alcohol consumption, including interactions of alcohol with prescribed and over-the-counter drugs, far outnumber any

other substance abuse problem among older adults. Many over-the-counter drugs negatively interact with other medications and alcohol.

The Problem Projected

It will be increasingly difficult for substance abuse among older adults to remain a hidden problem as “Baby Boomers” approach old age in the coming years. Not only are adults in general living longer, substance abusers are also living longer than ever before.

The overall increase in alcohol problems throughout the population, coupled with the aging of the “Baby Boomers,” suggests that the number of older adults with alcohol-related problems will rise alarmingly.

Older Adults’ Unique Vulnerabilities

Drinking can be medically dangerous for older adults even if they don’t drink enough to be formally diagnosed with alcohol abuse or dependence. Undiagnosed psychiatric and medical conditions can further complicate treatment of older people with substance abuse disorders. A thorough evaluation of all problems is essential when caring for older adults.

For more detailed information, see TIP 26, pp. 1–5.

ALCOHOL AND THE OLDER ADULT

Clinicians need to tell older clients that three age-related changes significantly affect the way an older person responds to alcohol:

- The normal decrease in body water that comes with age means the same amount of alcohol that previously had little effect can now cause intoxication.
- These changes in body water increase sensitivity and decrease tolerance to alcohol.
- The decrease in the rate of metabolism of alcohol in the gastrointestinal tract means blood alcohol level remains raised for a longer time and an increased strain is placed on the liver.

Clinicians should also tell clients that these age-related changes, combined with alcohol consumption, can trigger or worsen serious problems including

- Heart problems
- Risk of stroke
- Cirrhosis and other liver diseases
- Gastrointestinal bleeding
- Depression, anxiety, and other mental health problems

Age-Appropriate Consumption Levels

The following are recommendations for low-risk drinking for people over the age of 65

- **No more than one drink per day**
- **Maximum of two drinks on special occasions (New Year's Eve, weddings)**
- **Somewhat lower limits for women**

A standard drink is 12 oz. of beer or ale; 1.5 oz. of hard liquor; 5 oz. of wine; or 4 oz. of sherry, liqueur, or aperitif.

For more detailed information, see TIP 26, pp. 13–19.

PRESCRIPTION DRUGS AND THE OLDER ADULT

Many older adults take a variety of prescription medications, many of which can interact negatively with alcohol. Older adults can also become dependent on psychoactive medications (such as benzodiazepines or opioids) without realizing it. Older patients are more likely to misunderstand directions for appropriate use of medicines, a problem compounded by the multiple prescriptions they receive (often from multiple physicians).

Unintentional misuse can, however, progress into abuse if an older adult continues to use a medication for the desirable effects it provides, much as a person who abuses any drug does.

Recognize the Signs

Psychoactive substance use, even at therapeutic doses, has been associated with a variety of negative central nervous system effects. Clinicians should be on the lookout for any of the following indications of problematic psychoactive substance use:

- Diminished psychomotor performance
- Impaired reaction time
- Loss of coordination

- Falls
- Excessive daytime drowsiness
- Confusion
- Aggravation of emotional state
- Amnesia
- Dependence

These reactions may be more serious in frail older adults and in those with multiple chronic diseases.

For more detailed information, see TIP 26, pp. 31–35 and p. 44, for information on drug and alcohol interactions.

RISK FACTORS

Clinicians should be aware that any of the following can trigger or worsen a substance use problem.

Emotional and Social Problems

- Bereavement and sadness
- Losses: of spouse, friends, family members, social status, occupation and sense of professional identity, hopes for the future, and ability to function
- Social isolation and loneliness
- Reduced self-regard or self-esteem
- Family conflict and estrangement
- Problems in managing leisure time/boredom
- Loss of physical attractiveness

Medical Problems

- Loss of hearing or sight
- Chronic pain
- Physical disabilities and handicapping conditions
- Reduced mobility
- Insomnia
- Cognitive impairment and change

Practical Problems

- Impaired self-care
- Dislocation from housing
- Reduced coping skills
- Loss of income or increased health care costs

Watch For:

- *Older men when their wives die:* Depression, development of alcohol problems, and suicide.
- *Medical settings:* High rates of alcoholism reported in medical settings indicate the need for screening and assessment of patients for problems other than substance abuse.
- *Substance use disorder earlier in life:* Research suggests that a previous drinking problem is the strongest indicator of a problem in later life, especially among men.
- *Mood disorders:* Depression can lead to drinking, particularly among women. Patients with severe cognitive impairment generally drink less than nonimpaired people who use alcohol. Those who are only mildly impaired may increase use.
- *Family history:* Genetics may be a greater factor in problem drinking in early onset than in late onset males with substance abuse disorders.

- *Psychoactive prescription drug use:* The aging process makes prescription drug use both more likely and more risky, especially for females in poor health.
- *Psychiatric diagnoses:* Older patients with substance dependence disorders are more likely than younger people with substance abuse disorders to have a dual diagnosis. Older adults with a preexisting psychiatric disorder may be more at risk to also develop a prescription drug dependence.

For more detailed information, see TIP 26, pp. 23–35, p. 76.

SCREENING FOR SUBSTANCE ABUSE

Who and When To Screen

Ideally, all adults age 60 and over should be screened for alcohol and prescription drug abuse as part of a regular physical examination.

Rescreening should take place if the physical symptoms listed below develop or if the older person is undergoing major life changes or transitions.

- Sleep-related problems
- Cognitive difficulties
- Seizures, malnutrition, muscle wasting
- Liver function abnormalities
- Persistent irritability (without obvious cause) and altered mood, depression, or anxiety
- Unexplained complaints about chronic pain
- Incontinence, urinary retention, difficulty urinating
- Poor hygiene and self-neglect
- Unusual restlessness and agitation
- Complaints of blurred vision or dry mouth
- Unexplained nausea and vomiting

- Changes in eating habits
- Slurred speech
- Tremors, poor motor coordination, shuffling gait
- Frequent falls or unexplained bruising

Screening Instruments

For information on screening instruments, see TIP 26, pp. 53–57. For examples of several screening instruments, see TIP 26, Appendix B.

Communicating Results

- Describe the impact that alcohol or prescription drug abuse is having on the client's health or functional status.
- Spell out how reducing or stopping use will improve the person's life.
- Present options for addressing the problem.

Delirium and Dementia

Screening for substance abuse can be hampered by the presence of a severe cognitive impairment. If a client seems disoriented or "out of it," it is possible that he or she has delirium or dementia. It is particularly important to distinguish between dementia and delirium, which can be mistaken for each other by clinicians diagnosing older patients.

Withdrawal from psychoactive drugs can induce delirium. Although delirium is relatively rare and

generally reversible, it is very dangerous and should be considered a medical emergency. Signs of delirium include

- Disorientation
- Impaired attention, concentration, and memory
- Anxiety, suspicion, and agitation
- Misinterpretation, illusions, or hallucinations
- Delusions, speech abnormalities

Dementia is generally a chronic, progressive, and irreversible cognitive impairment. Dementia makes it more difficult to monitor outcomes of drinking (clients may forget they drank), to get clients into treatment, and to benefit from treatment. Signs of dementia include

- Impairments in short- and long-term memory, abstract thinking, and judgment
- Language disorder
- Personality change or alteration
- Mood disturbances

It may be helpful to enlist family or close friends to assist with a client who exhibits signs of delirium or dementia.

For more detailed information, see TIP 26, pp. 49–60.

BRIEF INTERVENTIONS

Because many older at-risk and problem drinkers are ashamed about their drinking, intervention strategies need to be especially nonconfrontational and supportive. A brief intervention should include the following

- Feedback on screening responses
- Reasons for drinking
- Consequences of heavier drinking
- Reasons to cut down or quit drinking
- Sensible drinking limits and strategies for cutting down or quitting
- "Prescription" form drinking agreement
- Ideas on coping with risky situations

One approach to facilitate brief interventions is known by the acronym **FRAMES**. This approach emphasizes

- **Feedback** of personal risk or impairment as derived from the screening
- Personal **responsibility** for change
- Clear **advice** to change
- A **menu** of options to increase the likelihood that the patient will find a responsive treatment

- An **empathic** counseling style
- Enhanced client **self-efficacy** and ongoing followup

Motivational Counseling

Motivational counseling acknowledges differences in readiness for change and offers an approach for "meeting people where they are" that has proven effective with older adults. In this approach, an understanding and supportive clinician listens respectfully and accepts the older adult's perspective on the situation as a starting point and then

- Helps to identify the negative consequences of drinking or prescription drug misuse
- Helps to shift perceptions about the impact of drinking or drug-taking habits
- Empowers the client to generate insights and solutions
- Expresses belief in the person's capacity for change

Motivational counseling can help offset the denial, resentment, and shame experienced during an intervention and can serve as a prelude to referral.

About Treatment

The following six features should be incorporated into treatment of the older person with a substance abuse disorder:

- Age-specific, supportive, and nonconfrontational group treatment that aims to build or rebuild the client's self-esteem
- A focus on coping with depression, loneliness, and loss
- A focus on rebuilding the client's social support network
- An appropriate pace and content of treatment
- Staff members who are interested and experienced in working with older adults
- Linkages with medical services, services for the aging, institutional settings for referral into and out of treatment, and case management

For more detailed information, see TIP 26, pp. 66–73.

LEGAL ISSUES

Neither this Quick Guide nor TIP 26 should be considered a substitute for competent legal advice from a qualified attorney.

Disclosure and Consent

- Each State has its own set of rules, which means that the scope of protection offered by State law varies widely.
- These laws differ from Federal laws that govern consent to disclose substance abuse-related information.
- In most situations, providers can follow these simple rules: (1) consult the client, (2) let the client decide, and (3) be sensitive to how information is recorded or disclosed.

Legal Resources

- State Department of Health
- Single State Agency for Substance Abuse
- State Attorney General
- Local bar associations
- Agency board members who are attorneys
- Local law schools

For more detailed information, see TIP 26, pp. 107–119.

RESOURCES

AARP

601 E Street, NW
Washington, DC 20049
(202) 424-2277
(202) 434-2562 (fax)
www.aarp.org

National Center on Addiction and
Substance Abuse at Columbia University
152 West 57th Street
New York, NY 10019
(212) 841-5200
(212) 956-8020 (fax)
www.casacolumbia.org

Join Together
441 Stuart Street
Boston, MA 02116
(617) 437-1500
(617) 437-9394 (fax)
www.jointogether.org

National Aging Information Center
U.S. Administration on Aging
330 Independence Avenue, SW, Room 4656
Washington, DC 20201
(202) 619-7501
(202) 401-7620 (fax)
<http://www.aoa.gov/naic>

SAMHSA's National Clearinghouse for Alcohol and
Drug Information (NCADI)

P.O. Box 2345

Rockville, MD 20847-2345

(800) 729-6686

(301) 468-6433 (fax)

(800) 487-4889 (TTY)

www.samhsa.gov

National Council on the Aging

409 3rd Street, SW, Suite 200

Washington, DC 20024

(202) 479-1200

(202) 470-0735 (fax)

www.ncoa.org

National Institute on Aging

Public Information Office

Bldg. 31, Rm. 5C2, 31 Center Dr., MSC 2292

Bethesda, MD 20892-2292

(800) 222-2225

(800) 222-4225 (TTY)

<http://www.nih.gov/nia/>

*For more detailed information, see the front
inside cover of TIP 26.*

GLOSSARY

Case management: The coordination and monitoring of the varied social, health, and welfare services needed to support an older adult's treatment and recovery.

Delirium: A potentially life-threatening illness that requires acute intervention, usually hospitalization. Can often be reversed with proper medical treatment.

Dementia: A chronic, progressive, and generally irreversible cognitive impairment sufficient to interfere with an individual's daily living.

Older adult: For the purposes of this Quick Guide, a person age 60 or older.

Problem drinker: One whose patterns of alcohol use are more hazardous than at-risk drinkers. The threshold for problem alcohol use decreases with advancing age.

Ordering Information

TIP 26 *Substance Abuse Among Older Adults*

TIP 26-Related Products

TIP 26 Reference and Resource Guide for working with Hispano/Latino patients (English)

TIP 26 Reference and Resource Guide for working with Hispano/Latino patients (Spanish)

TIP 26 Consumer Brochure on Substance Abuse

TIP 26 Consumer Brochure on Mental Health

KAP Keys for Clinicians based on TIP 26

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Easy Ways to Obtain Free Copies of All TIP Products

1. Call SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at **800-729-6686**, TDD (hearing impaired) **800-487-4889**
2. Visit CSAT's Web site at **www.csat.samhsa.gov**



Other Treatment Improvement Protocols (TIPs) that are relevant to this Quick Guide:

TIP 19, *Detoxification From Alcohol and Other Drugs (1995)* **BKD172**

TIP 24, *A Guide to Substance Abuse Services for Primary Care Clinicians (1997)* **BKD234**

TIP 27, *Comprehensive Case Management for Substance Abuse Treatment (1998)* **BKD251**

TIP 34, *Brief Interventions and Brief Therapies for Substance Abuse (1999)* **BKD341**

TIP 35, *Enhancing Motivation for Change in Substance Abuse Treatment (1999)* **BKD342**

See the inside back cover for ordering information for all TIPs and related products.